

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10064655 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11	1					
12		1				
13		1				
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48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	18	↔	↔	↔		
TOTAL CLAIMS	21					

*		*		*
IND.	DEP.	IND.	DEP.	IND.
51				
52				
53				
54				
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96				
97				
98				
99				
100				
TOTAL IND.		↔	↔	↔
TOTAL DEP.				
TOTAL CLAIMS				